



## Application and Permit for Temporary Uses & Events

(that do not involve use of public right of way or City Property)

(Please allow a minimum of 30 business days for processing of application, prior to temporary use of property)

Today's Date \_\_\_\_\_ Date(s) of Use of Property \_\_\_\_\_ to \_\_\_\_\_

Hours: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. to \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Address: \_\_\_\_\_

Type of Use: \_\_\_\_\_

### Applicant:

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Organization: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ FAX \_\_\_\_\_

**Please answer the following questions as completely as possible. Use separate sheet if necessary:**

**Approximate number of people attending function (if applicable)** \_\_\_\_\_.

Will food be served? ☐ Yes ☐ No If so, what kind? \_\_\_\_\_

Will beverages be served? ☐ Yes ☐ No If so, what kind? \_\_\_\_\_

Will projectiles be involved? ☐ Yes ☐ No If so, what kind? \_\_\_\_\_

Special lighting needs? ☐ Yes ☐ No If so, what kind? \_\_\_\_\_

Tents, canopies or temp. structures? ☐ Yes ☐ No If so, how many? \_\_\_\_\_ Dimensions \_\_\_\_\_

Special sound equipment? ☐ Yes ☐ No If so, what kind? \_\_\_\_\_

(i.e., amplifier, megaphone, etc.)

Signs proposed (including directional signs)? \_\_\_\_\_

Location of all displays (if any) \_\_\_\_\_

Traffic and Parking expectations: \_\_\_\_\_

Other information that the City may need to know: \_\_\_\_\_

☐ Attach written approval from Property owner (required)

**Attach map of temporary use location(s).** Please depict on map: structures, tent sites, food areas, water stations, etc

Sandy City will review the request for a Temporary Use to ensure that your rights and the rights of others can be maintained. Upon review, there may be conditions of approval attached to this permit. You must comply with any and all conditions to conduct this event. *Your signature below verifies that you agree to these terms.*

\_\_\_\_\_  
Signature of Applicant

Submit completed application to: Sandy City Community Development Department, 10000 S Centennial Parkway #210, Sandy, Utah 84070  
Phone: 801-568-7250 Fax: 801-568-7278

### FOR OFFICE USE ONLY

All Sandy City Departments that will be affected will be contacted. Special Conditions or Concerns may be attached to the approved permit.

Police \_\_\_\_\_ Fire \_\_\_\_\_ Traffic \_\_\_\_\_ Inspections \_\_\_\_\_ Board of Health \_\_\_\_\_ Business License \_\_\_\_\_ Code \_\_\_\_\_

Approved/Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions: No \_\_\_\_\_ Yes \_\_\_\_\_ Listed below (additional sheet may also be attached):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Processed Application was: Faxed \_\_\_\_\_ Mailed \_\_\_\_\_ Picked Up \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_